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QUESTION OF THE REALIZATION IN ALL COUNTIRES OF THE ECONOMIC, SOCIAL AND CULTURAL RIGHTS CONTAINED IN THE UNIVERSAL DECLARATION OF HUMAN RIGHTS AND IN THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS, AND STUDY OF SPECIAL PROBLEMS WHICH THE DEVELOPING COUNTRIES FACE IN THEIR EFFORTS TO ACHIEVE THESE HUMAN RIGHTS, INCLUDING: PROBLEMS RELATED TO THE RIGHT TO ENJOY AN ADEQUATE STANDARD OF LIVING; FOREIGN DEBT, ECONOMIC ADJUSTMENT POLICIES AND THEIR EFFECTS ON THE FULL ENJOYMENT OF HUMAN RIGHTS AND, IN PARTICULAR, ON THE IMPLEMENTATION OF THE DECLARATION ON THE RIGHT TO DEVELOPMENT

Note verbale dated 10 February 1994 from the Permanent mission of the Federal Republic of Yugoslavia to the United Nations Office at Geneva addressed to the Chairman of the Commission on Human Rights

The Permanent Mission of the Federal Republic of Yugoslavia to the United Nations Office and other International Organizations in Geneva presents its compliments to the Chairman of the Commission on Human Rights and, with reference to its previous note No. 27, of 13 January 1994, has the honour to enclose herewith, once again, a document prepared by the Government of the Federal Republic of Yugoslavia, entitled "Consequences of the United Nations sanctions on the health status of the population and the health care services of FR Yugoslavia", with the request that it be circulated as an official document of the fiftieth session of the Commission on Human Rights under agenda item 7.

GE.94-10949

CONSEQUENCES OF THE UN SANCTIONS ON THE HEALTH STATUS OF THE POPULATION AND THE HEALTH CARE SERVICES OF FR YUGOSLAVIA

I. Introduction

The endangering of the health of the population of FR Yugoslavia and of posterity by international fora, the governments of civilized countries, WHO and various establishments, indeed reflects the profound regression and absurdity of the political civilization of the contemporary world. What is it that is happening to this world when its collective mind has become an inquisition tribunal condemning a whole nation to the stake with no right to appeal. (D.Cosic, academician, writer).

The humaneness of any society and of international associations is reflected precisely in their attitude towards children, the ill and the elderly. The diminished defensive capacity of the human organism leads to the more widespread and easier advent of disease in general (Academician Prof. Dr. V. Sulovic, President of the Serbian Medical Society). The sanctions threaten not only the elementary human rights of the general population and refugees but also unborn babies and infants and hence amount to an act of direct or delayed genocide. UNICEF has described the 20th century as a century of shame because an undeclared war on children is being waged in it, one without precedent in the world and history. Today about 80% of those who perish in wars are non-combatants, predominantly women and children.

In 1993 children and young people under 24 years of age accounted for 40.4% of the population of FR Yugoslavia. Of the 660,000 refugees in FR Yugoslavia in April 1993, 290.000 were children under 18 and more than 300.000 were persons over 18 and women. In 1992 about 10,000 babies were born in exile, among them three unwanted babies born to Serbian girls raped in prisons and camps in the territory of the former Croatia and the former Bosnia-Herzegovina by Croats and Moslems.

Child morbidity and mortality due to communicable diseases have increased, poliomyelitis and rheumatic fever complications, malignant diseases, leukemia and other diseases are again commonplace.

We are not speaking only about the wounded, refugees, thousands of miserable families and individuals. We are speaking about the sufferings of a whole nation and eventually the World Health Organization will have to analyze the elements of the disaster - the holocaust and violence being committed against us.

Our state has extended maximum assistance to all those hit by the unfortunate events in the former SFR of Yugoslavia. FR Yugoslavia accords refugees the same rights as it population enjoys in the area of health care and humanitarian aid. About 95% of the refugees have been taken in by households, which is unprecedented anywhere in the past. Equal treatment of all refugees, irrespective of their religious and national affiliation is consistently observed. No Serbian or Montenegrin doctor has embraced nationalistic ideas or joined such movements.

We feel that Yugoslavia should file a claim with the International Court of Justice so as to prevent the international community from carrying out its evil intention to inflict upon us unending misery and suffering.

II. An Outline of the Organization of Health Services and Health Care

FR Yugoslavia had an adequate network of health establishments, commanded the necessary professionals, space, state of the art equipment and apparata to deliver satisfactory health care to all population categories, to respond to the pathological situation and in keeping with WHO standards.

The health and social insurance system was wholly socialized and health care for the entire population was almost totally free of charge.

Health care for the 10,391.659 inhabitants (according to the 1991 census) was delivered by: 131,061 employed in health institutions, of which: 92,000 health workers (21,000 doctors, 4,478 dentists, 2,479 pharmacists, 63,151 health workers with high, secondary or elementary qualifications - state as of December 31,1991).

Health care for the population of FR Yugoslavia was provided in 191 health and 23 medical centres (with numerous branch dispensaries in settlements and work organizations); 29 specialized prevention institutions - institutes for health care, 95 hospitals and clinics, and numerous other health institutions, establishments, etc.

With such a health care system, FR Yugoslavia was able to provide up to date diagnostic,treatment and rehabilitation services and to implement, successfully, national and international programmes for promoting health and the quality of life, primarily through the WHO Programme "Health for All by the Year 2000". Health care designed and programmed in this way was targeted towards: the decrease of morbidity and mortality in general; the decrease of specific morbidity and mortality of particular categories of the population or particular diseases (decreased infant mortality, the eradication or

decrease of morbidity due to most infectious diseases, decreased disability, increased life expectancy, etc.)

In addition to providing health care to the population of FR Yugoslavia, in 1991, 1992 and 1993, the health services provided the same level of health care also for 640,670 refugees (refugee number as of May 19,1993) of which: children under 1 - 19,149, from 1 to 7 years of age - 92,363; from 8 to 18 - 167,866 and women - 295,392. There were 65,900 men over 18 years of age (mainly elderly persons).

- in the 1986-1990 period the following were carried out on an annual average in FR Yugoslavia:

- in health care services for pre-school children (infants, children 1-2 and over 3 years of age) - 8,030,000 check-ups;

- in health care services for school children - 5,180,000 check- ups;

- in general medicine and specialized medicine services - 44,084,000 check-ups;

- women's health care services - 1,881,000 check-ups and

- occupational medicine institutions - 10,426,000 check-ups.

The in-patient establishments of FR Yugoslavia which have 60,301 beds, 7,618 doctors and 23,295 health workers of other profiles, treated (discharged) 1,271,398 patients and registered 16,124,439 patient days.

Political developments in the territory of the former SFR Yugoslavia led already in the course of 1991 to a given deterioration of the economic situation in FR Yugoslavia and ultimately to economic crisis which was reflected to a certain extent also in the health care situation and health status of the population. The health services were left without some 60% of medicines and medical supplies which they used to procure from the former SFRY republics. The economic situation of health institutions became difficult but thanks to much effort, adjustment, reorganization and the drawing up on remaining reserves, we managed to maintain a tolerable level of health care.

In the course of 1992 the situation in the field of health care changed dramatically consequent to the imposition of the UN sanctions and embargo against FR Yugoslavia. This unexpected, unconscionable, inhumane act, one incompatible with present-day civilization, was also indiscriminately applied to the health care field even though UN resolutions did not envisage this. FR Yugoslavia, dependent as it was on the international trade of goods and services, like other countries, was equally dependent in respect of health care equipment and apparata. All of a sudden, FR Yugoslavia found itself without the medicaments it used to import, raw materials for domestic pharmaceutical production, equipment, spare parts for the equipment of health institutions, a number of vaccines, diagnostic material, reagents, and other necessary medical consumables for daily or specialized use. Humanitarian relief in addition to being far short of the needs is being made difficult, abused, and the approval and transport procedures vulgarized to such an extent as to constitute an unprecedented example of WHO humanitarian actions becoming their very opposite.

Although deliveries of medical supplies are unaffected by UN Security Council resolution 757, numerous problems arise in practice and in supplying FR Yugoslavia's health institutions. Some foreign partners fail to deliver such goods, even those paid or contracted for in advance, others offer costlier intermediaries or finished products in lieu of the contracted for raws, and the transport of shipments sent for medical needs is as often as not impeded. Yugoslav importers have difficulty in finding foreign partners to cooperate in this area. UN Security Council resolution 787 of November 16, 1992, imposes an embargo on imports of raw materials for the manufacture of medicines, while resolution 820 which went into effect after April 26, 1993, virtually precludes imports of medicines, raw materials for their manufacture, necessary medical and sanitary supplies, except in the form of humanitarian aid, which has so far been only symbolic.

The functioning of the health care system depends above all on the supply of health institutions with medicaments, medical and sanitary supplies, equipment and spare parts. In the case of FR Yugoslavia these products are predominantly of foreign origin. Almost 95% of the overall needs in medical and sanitary consumables, over 85% of raw materials and intermediaries for the manufacture of medicaments and over 90% of medical equipment are imported.

The extent of health care provision has dramatically shrunk, while morbidity is on the rise as is mortality among particular categories of the population, i.e. due to particular diseases characteristic of situations like these. The mortality is increasing of infants, chronic patients, the elderly, those afflicted by acute diseases for which there are no medicines, surgical requisites, proper diagnostic tools, etc.

The number of persons afflicted by communicable and parasitic diseases has increased as has the number of deaths due to such diseases, the number of epidemics and the number of people affected by epidemics, as a consequence of the shortage of effective remedies for their timely and efficient suppression.

Such assessments have already been professionally and scientifically verified, documented and quantified. According to the data of the Federal Institute for Public Health the number of check-ups in the health care institutions of FR Yugoslavia declined in 1992 in comparison with the average number of check- ups in health care institutions over the 1986-1992 period as follows:

- for preschool children the reduction index is - 18.9 (infants - 18.0, children from 1-2 - 12.8, and children over 3 - 14.3. The number of check-ups has decreased by 24.2);

- for school children the number of check-ups declined by 6.9;

- for general medicine and specialized services this index is 19.2;

- women's care - 27.9; (counselling services for expectant mothers - 24.2, gynecological cabinets - 27.0, family planning centres - 34.0) and

- occupational medicine - 31.2.

Also according to the Federal Institute for Public Health, in 1992, as compared to 1991, the incidence of communicable diseases increased (despite the fact that less people sought treatment) by 7% and mortality due to communicable diseases went up by 115% (in the first quarter of 1993 as compared to the same period of 1992 mortality due to communicable diseases increased fourfold!). 188 epidemics afflicting 3,693 patients were registered in 1991 and 249 epidemics with 9,488 cases in 1992.

- The coverage of children by compulsory immunization, according to the WHO programme, went down as compared to 1988 as follows: DI-TE-PER from 91.29% to 84.2%, poliomyelitis from 93.38% to 84.45 %, and measles from 91.79 to 80.64%;

- An increase of anemias, from 1.46 to 1.53% in overall morbidity was registered;

- Cerebro-vascular diseases rose from 0.37 to 0.41%;

- Ischemic heart diseases increased from 0.97 to 1.06%.

In addition, the data presented by health institutions (health care centres, medical centres, hospitals, clinics, institutes) at the Extraordinary Congress of Doctors of Serbia held in June 1993 precisely due to the extraordinary health circumstances, illustrate all the gravity of the situation and the tragic fate of people in particular areas and in specific institutions the proportions of which are lost or diminished in any overall summaries for the entire territory of FR Yugoslavia.

Primary health care institutions have presented a number of facts and figures on problems in that area and on the consequences of the sanctions.

III. Primary Health Care

Health care in 1991 and 1992 declined by 10% in general and specialized health services. In 1992 mortality due to communicable diseases increased by 37.5% as compared to the previous period and the number of epidemics of communicable diseases in 1992 increased by two and a half times as compared to 1991. The hygienic-epidemiological situation had been favourable over the past years, while now due to the UN SC sanctions it is uncertain, and if the sanctions remain in effect for a protracted period it will become extraordinary, according to the epidemiological services of FR Yugoslavia.

On the basis of annually evaluated data on the control of drinking water of all regional health care institutes in Vojvodina, the most developed region of FR Yugoslavia, in 1991 and 1992 the percentage of microbiological and chemical pollution of water increased (from 17.59% to 18.13% for microbiological and from 52.85% to 68.39% for chemical pollution). At the same time the control index for 1991/1992 shows a significant decrease - 85.52 for microbiological and 89.09 for chemical results. The increased bacteriological pollution of drinking water in Vojvodina is especially pronounced in the region of Srem (from 9.61 to 22.28%), and of chemical pollution in the regions of Sombor, Subotica and Novi Sad. Preventive health services systematically monitor the work of water supply systems and have established that in 1992 the percentage of central water supply systems with bacteriological pollution in over 20% of the samples has increased by about eightfold and of those with chemical pollution in over 20% of the samples by about fourfold.

In connexion with the current nutritional problems under the sanctions the following has been established: in 1992 in Novi Sad in 14% of the student population hemoglobin was below the lower limit namely 49% below normal. In Novi Sad in 1992 17% of the student population was unfit for military service due to undernutrition, and in Nis this percentage was 26%. The sanctions of the UN SC have dramatically aggravated the standard of living and impoverished the nutrition of the population which may have grave consequences on human reproduction, the health and working ability of the population. It was assessed that the calorie intake fell by 28.2% and that the nutrition of 20% of the population is below the physiological minimum. In Belgrade every other child of school age has anemia according to hemoglobin results.

Disorders in the nutrition and physical abilities of our population, especially of vulnerable categories (children, pregnant women, elderly people and some groups of chronic patients) can be expected by the end of this and at the beginning of next year.

The overall provision of services by health centres has decreased (in New Belgrade by 26% and in the commune of Zvezdara by 25%). There are also changes in the structure of the provided services, especially in the area of preventive medicine and diagnostics (laboratory analyses, X-ray services). Preventive services in general medicine dispensaries have decreased by 57% and 68%, in occupational medicine by 41% and 22% and in Roentgen cabinets by 40% i.e. even 92% and laboratory services by 38% i.e.39% respectively.

As compared to the period before the blockade the number of check-ups has increased but the number of interventions in dispensaries has declined by

8.5% which points to the reduced supply of dispensaries with medicaments and other supplies. Home care services have been discontinued under the blockade (Health Centre Vucje).

In the area of occupational medicine, the work of those services in Vojvodina has been presented by the Occupational Medicine Institute of the Faculty of Medicine of Novi Sad which states that visits to doctors declined by 29.28% in 1992 as compared to 1989, (of which first visits by 24.26%), medical check-ups for employment purposes by 28%, periodical preventive check-ups by 50.24% and systematic check-ups by 92.59%. The above data show a marked fall of preventive services in the area of safety at work.

The increased incidence of measles cases in 1992 as compared to the previous year is a consequence of the poorer coverage of children by vaccination during the two preceding years.

Due to the lack of diagnostic agents, research into infections with various agents from the group of zoonoses has not been carried out in 1991 and 1992.

In 35% of vaccine samples there were breaks in the cold chain due to exposure to temperatures above +10 C. The antigenic properties of the vaccines were impaired in 10% of the samples of polio vaccine and in 1% of the samples of DI-TE-PER vaccine due to exposure to high temperatures, as well as in 15% of the samples of DI-TE-PER vaccine due to risk exposure to freezing temperatures.

The number of deliveries at home in Vojvodina is increasing due to the lack of fuel, irregular traffic and other causes.

Infant mortality in Belgrade increased from 14%. in 1991 to 16%. in 1992 according to preliminary data. Anemia occurs for the first time among the ten leading ailments in adults and workers.

The general mortality rate in Belgrade was 790/100,000 inhabitants from 1987 to 1990. Since then this rate has significantly increased, so that in 1992 according to preliminary data it was 977 per 100,000 inhabitants.

In a group of 683 children 13.9% had hearing impairments, of which 7.6% transitory and 6.4% persistent hearing impairments in the Stari Grad health centre in Belgrade. Difficulties arose already during diagnostics due to the lack of spare parts for the audiometer, hampering work and annual control check-ups of children in which changes had been diagnosed during the previous year. A large number of children needing surgery cannot be operated on because there are no anesthetics. Hearing aids are also a problem. In April 1992, one distributor of hearing aids alone had 782 approved and undischarged orders for procuring new hearing aids and great problems in servicing the existing ones due to the lack of spare parts and batteries.

IV. Stationary Hospital Health Care

In addition to primary health care provision, a large number of ill and wounded persons must have specialist and superspecialist treatment in dispensaries in terms of analyses, treatment and rehabilitation. In these health institutions too the SC sanctions have caused enormous problems, difficulties and even ethical dilemmas. The structure, profile, contents and quality of work of these services and institutions have changed.

The general conditions in hospitals are at the lowest possible level: there are not enough disinfection agents so that intra- hospital infections threaten, there is not enough food to feed the patients, the apparata are ever more frequently out of order due to the lack of spare parts. The specific conditions are even worse: whole groups of medicines, anesthetics and drugs for anti-shock therapy used only for the most urgent cases are lacking, there is no cyclosporin for transplant patients so that transplant rejections occur, patients are again being tied to their beds at psychiatric clinics because there are no psychotropic drugs, cytostatic therapies are discontinued for older patients because of the lack of cytostatics, and pacemakers are taken from dead patients because there has been a shortage of them for some months now. Patients needing three dialyses a week have only two. There are no diagnostic agents: there are no reagents for diagnozing hemorrhages, no reagents for determining the level of anti-epileptics in children with epilepsy, there are no X-ray films, contrast agents, surgical supplies (needles, suture,syringes, gloves, infusion systems, immobilization aids, bandages, cotton wool,etc.). There are no blood derivatives, especially agents for the production and packing of blood and derivatives, some groups of vaccines, anti-tetanus serum, antiviperine serum, medicines for patients with diabetes, both insulin and oral anti-diabetics, no drugs for heart and psychiatric patients.

The conditions for the treatment of psychiatric patients in in-patient institutions have generally deteriorated. Due to the lack of drugs these patients are aggressive, fights, attacks on the staff, the destruction of the premises, flight from hospitals, deaths outside hospitals, are frequent. Due to the lack of internal medicines and poor hygienic conditions serious psychosomatic disorders occur. In 1992, 250 patients died in the psychiatric hospital in Kovin, which is by 200% above the number in 1991.

In the period after the introduction of the sanctions (1992/93) the Dispensary for Mental Health of the Health Centre in Leskovac registered an increase of psychosomatic disorders of over 100% (cardiovascular, respiratory, gastrointestinal and dermal-allergic) as compared to the same period before the imposition of the sanctions.

In the psychiatric hospital in Gornja Toponica 70 new TBC cases were registered. Due to the lack of anti-epileptics, epistatuses of epileptic patients are

frequent. Due to poor hygienic conditions in all hospitals (shortage of hot water, soap, detergent, clothes) lice, scabies,skin infections are frequent in psychiatric hospitals. Disaster psychiatry - mass psychiatric disease under crisis conditions is becoming apparent in Yugoslavia.

In the six-month period from October 1992 to March 1993, 1,533 gastroduodenoscopies were carried out and 387 gastric and duodenal ulcera verified, i.e. 25.2% of the examined patients. 28 (7.2%) of the patients had stress ulcus. In comparison with the same period a year earlier, October 1991-1992, the situation was as follows: for the mentioned period from 1974, gastroduodenal ulcus was verified in 474 patients or 27.0%, while 16 patients (3.3%) had stress ulcus. On the basis of the obtained data, there is a statistically significant increase of the number of stress ulcera (218%), while the number of verified gastric and duodenal ulcera was almost the same (25.2% i.e. 27.0% respectively). The group of patients with "stress ulcus" included the wounded, the ill from the war-stricken areas, i.e. refugees and FRY nationals. (Urgent Intervention Centre, Clinical Centre of Serbia, Belgrade). A total of 303 ulcera were treated, which is a twofold increase (170.22%) as compared to the past 5 years (x = 178.5). The most frequent localization is duodenal bulbus (54.45%). There is a significant number of gastric ulcer cases in 40.59% of the cases so that the ratio of duodenal and ventricular ulcus is almost equal in more serious clinical forms of the disease (1.34:1). Incidence increases are registered in all decades, especially in the fourth and fifth, with peak incidence in the sixth decade of life (24.83%). The ratio among the sexes is 1.78:1 in favour of men, with an increase of afflicted women. There were 221 (72.94%) cases of acute massive hemorrhages, which is twofold as compared to hemorrhage as a complication over the past 5 years (x = 118). (Clinic for Gastroenterology, Medical Faculty, Novi Sad). The number was compared of hospitalized hemorrhaging ulcera in the Hospital in Vranje over the December 1992 to March 1993 period (4 months), with the number of hemorrhages in the same four month period of the past 5 years.

In the last winter trimester there were 29 DU hemorrhages and 5 GU hemorrhages of the total number of 381 hospitalized patients (8.9%). The average number of hemorrhages in the past 5 years was 10 DU and 7 GU on the average in 325 hospitalized patients (5.2%). In the period under observation the number of DU hemorrhages was three times larger in absolute and almost 2 times larger in relative terms. A total of 303 ulcus patients were treated, which is an increase of almost two times (170.22%) over the average annual incidence in previous years.

It was assessed that 80% of the anesthetics and reanimation agents, apparata, spare parts for anesthesia and reanimation are imported, which has been precluded by the UN SC sanctions.

In 1992 the number of patients with acute renal insufficiency has increased twofold. In the republic of Serbia there are 3,000 patients on the chronic programme of hemodialysis and 205 patients refugees, 350 patients with kidney transplants and 50 such patients refugees. We do not have the necessary drugs, raw materials for solutions and spare parts for the hemodialysis apparata. About 400 patients a year start dialysis. (Institute for Nephrology, Urgent Intervention Centre, Clinical Centre of Serbia, Belgrade).

Due to the lack of immunosuppressive drugs (cyclosporin) the number of kidney transplants has fallen from an average annual 40-50 in the 1987 to 1992 period to 19 in 1992. There are 350 patients with kidney transplants - all are in risk due to the lack of cyclosporin (Urgent Intervention Centre, Clinical Centre of Serbia, Belgrade). There have been cases of patients dying due to rejection of kidney transplants due to the lack of cyclosporin - an immunosuppressant.

The lack of diagnostic agents for hepatitis virus B and C is leading to the deterioration of the health of dialysis patients and raising the incidence of hepatitis cases and mortality due to it.

Before the imposition of the sanctions the number of hospitalized patients with cholelithiasis was 122, of which 68 (72%) underwent surgery. After the sanctions the number of hospitalized patients is 98 over a period of 1 year, of which 54 (55%) were operated on. In the one-year period since the introduction of the sanctions the number of hospitalized patients with diagnozed cholelithiasis fell by 20%, and the number of those operated on by 39%. The reduction of the number of hospitalized and operated on patients is a result of both the lack of medicaments and of the revised doctrine under which only those patients with recurring episodes or where complications were likely to occur, i.e. where there had already been complications were operated on. (Medical Centre, Bor).

In 1989 and 1990 the Coronary Unit at Vranje provided treatment to 155 myocardial infarction cases, age average 57.3 years. Subsequent to the outbreak of war in 1991 and 1992, 197 patients were treated, by one quarter (25.8%) more than in the same period before the war and much younger as their age averaged 46.7 years. The time span of arrivals of patients ranged from within 20 minutes to 15 days. Of the total number of acute myocardial cases, 54 (27%) arrived within 3 hours. 131 (65.5%) of all cases, including the mentioned ones, arrived within 6 hours while 69 (34.5%) arrived from 6 hours to 15 days later. Most of the patients - 31 (41.9%) came late due to petrol shortages, 14 cases (21.7%) did not understand the seriousness of their condition, 9 (13%) had mild symptoms, 7 cases (10%) were late due to poor communication links (bad road network), 4 cases (5.8%) had their symptoms at-

tributed to other diseases and in 3 cases (4.3%) GPs made a wrong diagnosis (Hospital Vranje).

The Psychiatry and Mental Health Commission of Serbia assessed that 500 grave reactive depressions were registered in 1992 which had to be hospitalized as a result of present harsh living conditions and about 500 serious mental patients had to be admitted due to deteriorating symptoms resulting from stress- inducing situations. General psychopathology and delinquent behaviour are on the rise. There are humanists, we believe, around the world who will change the world's attitude by their information just like it was done after Vietnam and Panama, for it will be recalled that a film featuring Panama has recently been awarded an Oscar.

Until 1990 male suicides, both generally and by particular age groups, except in the 15 - 24 age group, had a downward trend. A comparison of the suicide rates by individual age groups for the period 1987-1990 with those for 1991 reveals that in 1991 the rate went up by all age groups, except in men aged between 35 and 54 (the Nis Public Health Institute).

A study conducted for 1992 on the basis of data covering 25% of the total diabetics population in Serbia shows, compared to the corresponding reference data, a high incidence of macroangiopathic complications (cardiovascular - 21.5%; peripheral - 6.2%, of which 1.9% amputations). The same applies to microvascular complications (retinopathy - 9.9%, of which blindness - 0.11%; nephropathy, terminal stage - 0.9%). On the tertiary level (the Institute), exact data show the rate of diabetic ceto-acidosis to have gone up 25%, and that of gangrenous deformations 120% for the period since the imposition of inter-national sanctions relative to 1991 (Endocrinology Institute of the Medical Faculty, Belgrade).

The top ten of the major treated diseases affecting adults and workers include for the first time anaemia (the Municipal Public Health Institute, Belgrade).

According to the findings of the Nose-Ear-Throat Clinic in Belgrade, the rate of psychogenic disfunctions, aphonias and superpositions has in general risen. In the past year alone, 32 such cases were treated,more than in the past three years 1989-1991 put together (31 cases). Apart from the general rise in disfunctions by age, their incidence has gone up in the 30+ age group with 11 out of the 32 studied cases (34.37%), as well as in children below 11 with 3 cases (9.37%). Relapses have been registered more frequently - in 5 cases out of 32 (15.62%) and are more frequent in men - 6 out of 32 (18.75%).

The study of the possible impact of sanctions on the incidence of acute heart infarction (AHI), most common complications, application of the fibrinolytic therapy and resulting mortality covered 4,130 hospitalized cases in all clinical hospital centres in Belgrade. 1561 AHI cases were treated at hospitals in the period (1 June 1992 - 31 March 1993) under economic blockade (EB) as compared to 1352 during the armed clashes (from 1 June 1991 - 31 March 1992) and 1187 cases in peacetime (from 1 June 1990 -31 March 1991). The application of the base and chain indices shows a rise in hospitalized AHI cases following the outbreak of AC and under the impact of the EB and the average age in peacetime (62.1 years) dropping to 57.2 years under EB impact. (Military Medical Academy; Municipal Gerontology and Home Treatment Centre, Belgrade; Cardiovascular Diseases Institute of the Medical Faculty,Belgrade, a.o.)

In the period January-March 1992, 93 cases underwent operations and 98 in the same period in 1993. The share of local post- operative infections went up from 19% in 1992 to 54% in 1993, while the rate of general infections rose from 4% in 1992 to 38% in 1993. Extremely reduced range of available antibiotics was responsible for the grave outcome of local and general post- operative infections (The NET and Maxillofacial Surgery Institute of the Medical Faculty, Belgrade).

The mortality rate went up considerably from 3,599 cases in 1991 to 4,487 in 1992. A considerable growth of the suicide rate was noted in 1992 relative to 1991 (140 to 98) and especially of those involving the use of firearms (100/47) (Institute of Forensic Medicine of the Medical Faculty, Belgrade).

Up to 31 March 1993 there were in the Republic of Serbia over 15,578 wounded persons who received surgical treatment 610 of which had amputations of one or both legs, 10% - arm amputations, 150 paralysed cases and over 100 with loss of sight.

The most common cause of post-transfusion hepatitis is viral hepatitis "C" which affected 55-58 per cent of hepatitis cases. The risk of post-transfusion hepatitis B and D is almost non-existent if routine blood tests for surface antigene of the hepatitis B virus have been performed. However, due to the fact that blood was not always tested in emergencies we have witnessed a rise in the incidence of post-transfusion hepatitis. In the course of 1992, 41 cases were treated for acute viral hepatitis B by dispensaries. Seven cases (17%) were subjected to a survey analysis to obtain data related to blood transfusions given to 2 patients during heart-surgeries; to 3 bleeding ulcus cases; and to 2 patients with wounds.Both wounded patients had a fulminant form of hepatitis with a lethal outcome. One of the treated patients S. H., who was jobless after having been wounded received 5 units of non-tested blood. Forty days later he contracted acute viral hepatitis as a result of the received blood transfusion. Biochemical tests and serological analyses have revealed viral hepatitis C. After a month's treatment he was discharged with normal clinical and biochemical test findings. Three and a half months after receiving blood transfusion, he reported symptoms of acute viral hepatitis type B with fulminant flow (Protrombine time was 1 %) and died 8 days after the

symptoms had been diagnosed (Institute for Infectious and Tropic Diseases of the Medical Faculty, Belgrade).

In the period from October 1992 to January 1993 an epidemic of acute viral hepatitis type A was registered in the territory of the Leskovac municipality whose communicable diseases department provided treatment for 156 cases. Due to inadequate and irregular supply of re-agents it proved impossible to make an early diagnosis and monitor the condition of the AVH cases (Communicable diseases department, Leskovac Hospital).

The incidence of pio-coccae infections was higher during 1991 and 1992 (a total of 403 cases) than in the past three years (a total of 362 cases). This difference is attributable to the deteriorating living standards, refugee problems and irregular medical supplies (Dermatology and Venerology Clinic, Belgrade).

The rate of psychopathological disorders in children was within the anticipated limits for that age, but was considerably exceeded in two test groups, among refugee children put up in private housing it was 27% and among those in collective centres - 39% (Institute for Mental Health, Belgrade).

Only two cases of "attempted suicide" were registered (E950), 4 "epilepsy cases" (345) formerly diagnosed and treated and now requesting further check-ups and medicine, along with 4 cases of "reactive depression" psychosis (298).

The data of the Internal Medical Clinic of the Pristina Medical Faculty show a rising incidence of rheumatic fever from 27 cases in 1988 to 66 in 1992, and of glomerulonephritis from 100 to 161 cases over the same period. The rise was caused by shortage of penicillin as a prophylactic agent.

The incidence of active genital herpes simplex viral and cytomegaloviral infections in different time intervals in the period 1990 to 1993 was studied. The genital herpes simplex viral infection was examined in 1,486, and cytomegaloviral infection in 2,095 cases. On the basis of the percentage share of positive findings the growing incidence of active genital herpes simplex infection could be established by comparing the findings obtained in the latter half of 1991 to those for the first half of 1992 (4.1% and 10.4% respectively). This margin is statistically highly important (p 0.01). Active genital cytomegaloviral infection was diagnosed in 8.18 % of patients examined in the latter half of 1991, and in 14.7% in the latter half of 1992 (p 0.01).

During 1992 the Pediatric Clinic in Pristina treated 182 newlyborns only 28 (15,4%) of which were discharged as completely cured, and 68 (37.4%) with an improved health condition, while 58 (31.9%) died. Most common diagnoses which newlyborns were treated for were: Sepsis neonatorum (39%), Icterus prolongata (29.1%), Bronchopneumonia (23.6%),Enterocolitis acuta (19.8%), Staphyloderma and Impetigo bulosa (23.1%). The obtained results vary considerably and the number of cases is higher than that of newlyborns treated at the clinic during 1991.

Data show an increase in the incidence rate of grave carditis in 1992. There were 15 patients with third degree carditis, and in 1987 there were none (Internal Medical Clinic of the Pristina Medical Faculty).

At the Institute for Pathology of the Belgrade Medical Faculty 228 autopsy reports were reviewed covering the four month period preceeding the sanctions at the turn of 1988/89 and a group of 191 patients in the four month period under the sanctions at the turn of 1992 to 1993. The institutions that sent corpses for autopsy were the same. Attention was focused on the following morbidities: infections, myocardial infarction, cerebral insultus, aortal aneurysm, gastric and duodenal ulcera, etc. as they could possibly register a higher incidence in conditions of the sanctions, but still not carry so much weight as to be directly related to the patients' death as the disease or the primary cause of the death established by autopsy.

The infection rate went up significantly (particularly of pneumonia and sepsis) as the cause of death in times of the sanctions: 46 cases (20.17%) preceeding the sanctions relative to 80 cases (41.80%) under the sanctions, as well as the rate of infections in general: 71 cases (31.14%) before the sanctions as compared to 110 cases (57.59%) under the sanctions. The degree of accuracy of clinical diagnoses has deteriorated significantly under the sanctions. Clinical diagnoses were made correctly in 96 cases (42%), were partially correct in 89 cases (39%) and wrong in 43 cases (19%) before the sanctions; in the period under the sanctions, however, 51 cases (27%) were correctly diagnosed, the diagnoses for 73 cases (38%) were partially correct and for 67 cases (35%) were wrong. The mentioned findings are attributable to the shortage of antibiotics and nonfunctioning of diagnostic apparata,which is certainly only part of the truth. Therefore, the sanctions have already within their relatively short time-span proven the most dramatic cause of death among patients but also of deteriorating quality of diagnostics (Academician Prof. Dr. V. Kanjuh).

The above mentioned measures and actions by international fora and individual states have affected to such an extent the health care services and the health status of the population that, regardless of the relatively short time in force, they have caused grave consequences, which, if the sanctions persist, will prove disastrous for the population of the FR Yugoslavia and without parallel in past medical history.